VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

12556

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Blue Ball
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Blue Ball
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Robert Carter Anderson

3.(b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Isabella Anderson

6.(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): Oct 7 - 1862

8. AGE: Years: 78 Months: 2 Days: 16 If less than one day ... hrs. ... min.

9. Birthplace: Cecil Co Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: John Anderson
13. Birthplace: Irland

MOTHER
14. Maiden name: Margaret Crowe
15. Birthplace: Irland

16. Informant: Harvey Anderson
Address: Nottingham Pa

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec 27 - 1940
(month) (day) (year)

Cemetery or crematory: Leeds Cemetery

Location: Leeds Md

18. Funeral director: Florence E Abernathy
Address: Elkton R.D. Md

19. Dec 26 1940
(Date rec'd by registrar)

F R Frazer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 24 1940, at 1:00 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1 1940, to Dec 24 1940 and that I last saw him alive on December 17 1940

Immediate cause of death: Coronary Occlusion — DURATION: Acute

Due to: Arteriosclerosis

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: F. B. Robinson M.D.
M. D. or other

Address: Oxford Penna Date signed: Dec 25 40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93 (1)

12557

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
County Cecil
City or town Port Deposit
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 72 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Port Deposit, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Edward E. Barr

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8.(b) Name of husband or wife Marya Barr
8.(c) If alive, give age 71 years
7. Birth date of deceased (mo., day, yr.) March 24, 1868.

8. AGE: Years 72 | Months 9 | Days 4 | If less than one day: hrs. min.

9. Birthplace Port Deposit Cecil Co Md.
(Town, county, and state)
10. Usual occupation Molder
11. Industry or business Stove Foundry.

FATHER
12. Name Samuel J. Barr
13. Birthplace Cecil Co. Md.

MOTHER
14. Maiden name Fannie Niland
15. Birthplace Virginia

16. Informant Mary a. Barr.
Address Port Deposit, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 31, 1940 (month) (day) (year)
Cemetery or crematory Hopewell cem.
Location Port Deposit, Md. R F D.
18. Funeral director Lee a. Patterson
Address Perryville, Md.
19. Dec. 30 1940 Irma E. Haughey Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1940, at 11 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 23 1940, to Dec. 29 1940
and that I last saw alive on Dec. 29. 1940

	DURATION
Immediate cause of death Chronic Myocarditis	1932
Due to	
Due to	
Other conditions Asthma —	1932

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. J. Brown Jr. M. D. or other
Address Port Deposit Md. Date signed 12/31/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 84d

12558

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
County: Cecil
City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 yrs. 5 mos. 12 days
Hospital, institution, or street address where death occurred:
Veterans' Administration
How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6 S. Smallwood Street
(If rural, give LOCATION)
2.(a) If veteran, name war: Spanish American

3.(a) FULL NAME: BARRETT, Allen E.

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married (Separated)

6.(b) Name of ~~husband~~ wife: Mrs. Allen E. Barrett
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 21, 1879

8. AGE:

Years	Months	Days	If less than one day
61	0	9	..... hrs. ..... min.

9. Birthplace: Colora, Maryland
(Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business

FATHER
12. Name: John Barrett - deceased
13. Birthplace: Unknown

MOTHER
14. Maiden name: Martha J. Adkinson
15. Birthplace: Unknown

16. Informant: Hospital records
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec. 31, 1940 (month) (day) (year)

Cemetery or crematory: Unknown
Location: Philadelphia, Pa.

18. Funeral director: Helga M. Barrett
GEO. W. BARRETT
Address: Park & Lehigh Ave.
Philadelphia, Pa.

19. Dec. 31, 1940. Irene E. Daugherty Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 30, 1940, at 10:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18, 1931, to Dec. 30, 1940 and that I last saw him alive on December 30, 1940

Immediate cause of death	DURATION
Psychosis, pre-senile, Alzheimer's disease	1931
Due to: --	
Due to: --	
Other conditions: --	

(Include pregnancy within 3 months of death)

Major findings of operations: --
Date of op. --
Autopsy results: --
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: -- Date of
Where did injury occur? -- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): --
Means of injury -- Injured at work?

23. SIGNATURE: C. F. Davis M. D. or other
C. F. DAVIS, M.D., Clinical Director
Address: Veterans' Administration, Perry Point, Md. Date signed: 12-31-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12559

Reg. Dist. No. 95

1. PLACE OF DEATH:
County: Cecil
City or town: Outside Corporate
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Outside Corporate
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Arthur William Beleter

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 11, 1940

8. AGE: Years | Months: 4 | Days: 26. | If less than one day: ..... hrs. ..... min.

9. Birthplace: Elkton Md.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: James A Beleter
13. Birthplace: West Va.

MOTHER
14. Maiden name: Lillian R. Hathaway
15. Birthplace: Md.

16. Informant: James A. Beleter
Address: Conowingo Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 9. 1940 (month) (day) (year)
Cemetery or crematory: Oakwood
Location: Conowingo Md.

18. Funeral director: J. E. Tyson
Address: Rising Sun Md.

19. Dec 9 1940 (Date rec'd by Registrar) L M Worthington Registrar

Permit issued Dec 8 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 7 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 30 1940, to Dec 7 1940
and that I last saw him alive on Dec 6 1940

Immediate cause of death	DURATION
Whooping Cough	17 Days
Due to	
Due to	
Other conditions	

(Include pregnancy with in 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: L. P. Swoyer M. D. or other
Address: Darlington Date signed: Dec 7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170-C)

12560

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:
County: Cecil County
City or town: Elkton, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 10 days
Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Rising Sun, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Hiram Carson Breish

3. (b) Social Security Number: none

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): 10 – 24 – 1858

8. AGE: Years: 81 Months: 2 Days: 7 If less than one day ____ hrs. ____ min.

9. Birthplace: Bryn Mawr Penna (Town, county, and state)
10. Usual occupation: Tin Smith
11. Industry or business: Retired Rail Road.

FATHER
12. Name: George Washington Breish
13. Birthplace: Germany

MOTHER
14. Maiden name: Fannah Matson
15. Birthplace: Bryn Mawr

16. Informant: John Henry Martin
Address: 1637 Tinsman Merchant Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/20/40 (month) (day) (year)
Cemetery or ~~crematory~~: Lower Merion Pa
Location: Near Bryn Mawr

18. Funeral director: Mrs Jennie W Taylor
Address: Rising Sun Md

19. Dec 18 1940 (Date rec'd by registrar) L M Worthington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 17 – 1940, at 1030 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him ~~alive~~ on dead Dec 18 1940.

Immediate cause of death: central concussion shock

Due to: automobile accident

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: accident Date of 12/7 1940
Where did injury occur? Rising Sun (City or town) Cecil (County) Md (State)
Injured at home, farm, industry, public place (where?) Route # 1
Means of injury: Injured at work?

23. SIGNATURE: John B. Sluer coroner M. D. or other
Address: Rising Sun Md Date signed 12/18/1940

Permit issued 12-18-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (M) (T)

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

12561

CERTIFICATE OF DEATH

Reg. Dist. No. 91

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A16

1. PLACE OF DEATH:
County Cecil
City or town Chesapeake City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Chesapeake City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Biddle St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William J. Bryson

3. (b) Social Security Number

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Ella Bryson
6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Mch 7 1867

8. AGE: Years	Months	Days	If less than one day
73	9	1	hrs. min.

9. Birthplace Elkton RD1. (Elk neck)
(Town, county, and state)
10. Usual occupation Farmer retired
11. Industry or business

FATHER
12. Name Thomas J. Bryson
13. Birthplace Elkton RD1. (Elk neck)

MOTHER
14. Maiden name Annie Dilks
15. Birthplace New-Jersey

16. Informant Mrs Ella Bryson
Address Chesapeake City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 11 1940 (month) (day) (year)
Cemetery or crematory North East, methodist Cemetery
Location North East Md
18. Funeral director W. W. Pippin
Address Elkton Md

19. Dec. 11, 1940 (Date rec'd by registrar) Mrs. R. H. Rees Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1940, at 4 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 8 1940, to Dec 8 1940, and that I last saw h[illegible] alive on December 9 1940.

Immediate cause of death Acute Dilatation of the Heart — DURATION 1/2 hour
Due to Hypertension Cardio-Vascular disease — 5 years
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Henry V. Davis M.D.
M. D. or other
Address Chesapeake City, Md Date signed 12/10/40

JAN 3 1941
BUREAU V.S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12562

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County: Cecil

City or town: Port Deposit

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Port Deposit - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Ella W. Byrd

3.(b) Social Security Number

4. Sex: F

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Lynn C. Byrd

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Dec 30 1862

8. AGE: Years 77 | Months 11 | Days 3 | If less than one day ... hrs. ... min.

9. Birthplace: Port Deposit Md. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER

12. Name: Enoch McCullough

13. Birthplace: Md.

MOTHER

14. Maiden name: Rebecca Elizabeth Hillingsworth

15. Birthplace: Md.

16. Informant: Elizabeth McCullough Brinkman

Address: 40 Taylor Ave. Richardson Park Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 6 1940 (month) (day) (year)

Cemetery or crematory: Hopewell

Location: near Port Deposit

18. Funeral director: J. E. Tyson

Address: Rising Sun Md

19. Dec 6, 1940 (Date rec'd by registrar) Irene C. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 3 1940, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1939, to Dec 3 1940 and that I last saw him alive on Dec 3 1940

Immediate cause of death: Angina Pectoris — DURATION: 1 yr

Due to: Chronic Myocarditis — 3 yrs

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: W. G. Jack M. D. or other

Address: Port Deposit Md. Date signed: Dec 3 40

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JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

12563

Reg. Dist. No. 96

1. PLACE OF DEATH:
County: Cecil
City or town: Charlestown, Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 77 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Charlestown, Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Mary Elizabeth Cooper

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Divorced
6.(b) Name of husband or wife: E. Kirby Taylor.
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Dec. 29, 1862
8. AGE: Years: 77 Months: 11 Days: 17 If less than one day: ..... hrs. ..... min.
9. Birthplace: Charlestown, Md. (Town, county, and state)
10. Usual occupation: Housework Own Home.
11. Industry or business
FATHER 12. Name: William Charles Cooper
13. Birthplace: Charlestown, Md.
MOTHER 14. Maiden name: Rachel A. Bryson
15. Birthplace: Elkton, Md. R.F.D.
16. Informant: Edith Cooper.
Address: Charlestown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 19, 1940 (month) (day) (year)
Cemetery or crematory: Charlestown cem'y
Location: Charlestown, Cecil Co. Md.
18. Funeral director: Lee A. Patterson
Address: Perryville, Md.
19. Dec 19 1940 (Date rec'd by registrar) Irma E. Daugherty. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 16 1940, at 10a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 10 1940, to December 16 1940
and that I last saw h... alive on Dec. 14 1940

	DURATION
Immediate cause of death: Apoplexy	6 hrs.
Due to: General Atherosclerosis	10 yrs.
Due to:	
Other conditions: Chronic Interstitial Nephritis	5 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. F. Magraw M. D. or other
Address: Perryville, Md. Date signed 12/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

12564

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil Elkton
City or town: Outside of Rising Sun Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
Elkton Hospital
How long in hospital or institution? 3 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Outside Rising Sun Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Kenneth Burton Coulson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 3, 1940

8. AGE: Years: 2 | Months: | Days: 19 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Elkton Cecil Co.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: William Coulson
13. Birthplace: Colora, Cecil Co, Md.

MOTHER
14. Maiden name: Gladys Berger
15. Birthplace: West, Va.

16. Informant: Ella Coulson
Address: Rising Sun Md.

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof: Dec 24 1940
(month) (day) (year)
Cemetery or crematory: West Nottingham
Location: Colora Md.

18. Funeral director: J. E Tyson
Address: Rising Sun Md.

19. Dec 23 1940
(Date rec'd by registrar)
H Brazier
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12-22 1940 at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-19- 1940, to 12-22 1940
and that I last saw him alive on 12/21 1940

Immediate cause of death: Malnutrition & Prematurity — DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R. E. Dodson M.D.
M. D. or other
Address: Rising Sun Md. Date signed: 12-23-40

RECEIVED
JAN 4 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

12565

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH:

County: Cecil

City or town: John Town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: P.O. Earleville - (Johntown) (If outside city or town limits, write RURAL and give nearest town)

Street No. — (If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Geo. W. Cox

3.(b) Social Security Number: None

4. Sex: male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Ella V. Cox

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 15th 1869

8. AGE: Years: 71 Months: 1 Days: 15 If less than one day ..... hrs. ..... min.

9. Birthplace: Cecil Co. Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: John Cox
13. Birthplace: Unknown

MOTHER
14. Maiden name: Lydia Reed
15. Birthplace: Unknown

16. Informant: E. Katherine Knock

Address: Earleville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/2/41 (month) (day) (year)

Cemetery or crematory: St Pauls Cemetery

Location:

18. Funeral director: John F. Cappage

Address: Cecilton Md.

19. Jan 17 1941 (Date rec'd by registrar) Irving Buskop Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 30 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 - 1940, to Dec 30 1940 and that I last saw him alive on Dec 30 - 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 hrs
Due to: Arteriosclerosis	?
Due to:	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations: — Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE: Catherine Goodson M.D. M. D. or other

Address: Cecilton Date signed: 12-31-40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-C)

CERTIFICATE OF DEATH

12566

Reg. Diat. No. 97

1. PLACE OF DEATH:
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 29 yrs 10 mo 5 day
Hospital, Institution, or street address where death occurred: ~~Memorial Sanatorium~~
How long in hospital or institution? 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME Harry Arthur Dean

3.(b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife —
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feby 23 1911

8. AGE:

Years	Months	Days	If less than one day
29	10	5	hrs. min.

9. Birthplace Elkton Cecil Maryland
(Town, county, and state)
10. Usual occupation Salesman
11. Industry or business Furniture Store
FATHER 12. Name Harry O Dean
13. Birthplace Newcastle County Delaware
MOTHER 14. Maiden name Martha Holt
15. Birthplace Elkton Md R.D.
16. Informant Harry O Dean
Address Elkton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 31 1940 (month) (day) (year)
Cemetery or crematory Elkton Cemetery
Location Elkton Maryland
18. Funeral director H. W. Pippin
Address Elkton. Md
19. Dec 31 1940 (Date rec'd by registrar) F H Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1940, at 12 30 A M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 27 1940, to Dec 28 1940
and that I last saw him alive on Dec 27 1940

Immediate cause of death	DURATION
Pulmonary phthisis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Herbert Bales M D
M. D. or other
Address Elkton Md Date signed 12/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

12567

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Cecil

City or town Perryville Md R.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Cecil

City or town Perryville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Leah L Deaver

3. (b) Social Security Number None.

4. Sex: Female | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Franklin Deaver.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1. 1861

8. AGE: Years 79 | Months 10 | Days 24 | If less than one day hrs. min.

9. Birthplace York Co Pa
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Fisher

13. Birthplace York Co Pa.

MOTHER 14. Maiden name Christiana Bird

15. Birthplace York Co Pa.

16. Informant Christie L Barrow.

Address Perryville. Md.

17. Burial. Date thereof Dec 29 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt Neto.

Location State Hill Pa

18. Funeral director Hubert P Harkins.

Address Delta, Pa.

19. Dec. 26, 1940 Irene E. Daugherty.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1940, at 9:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 25 1940, to Dec. 25 1940, and that I last saw h[illegible] alive on Dec 25 1940

Immediate cause of death	DURATION
Coronary Thrombosis	1 day
Due to Arterio Sclerosis	2 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Wolbert M.D.
M. D. or other

Address Havre de Grace, Md. Date signed Dec 26 1940

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

12568

CERTIFICATE OF DEATH

Reg. Diat. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No.: North St
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Robert Clinton Downey

3.(b) Social Security Number 717 07 3734

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Irma Downey
6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Oct 13 1876

8. AGE: Years: 64 | Months: 1 | Days: 29 | If less than one day: hrs. min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: retired Penn RR Co

11. Industry or business: Passenger Ticket agent

FATHER
12. Name: Samuel Downey
13. Birthplace: Baltimore Md

MOTHER
14. Maiden name: Elenor Marburger
15. Birthplace: Baltimore Md

16. Informant: Mrs Irma Downey
Address: Elkton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 12 1940 (month) (day) (year)
Cemetery or crematory: Elkton
Location: Elkton Md

18. Funeral director: H. W. Tippie
Address: Elkton. Md

19. Dec 12 1940 (Date rec'd by registrar) F. H. Frazier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 10 1940, at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1940, to Dec 10 1940
and that I last saw him alive on Dec 10 1940

Immediate cause of death	DURATION
acute cardiac dilatation	
Due to: Cardio-renal vascular disease	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. Herbert Bahr, M. D.
M. D. or other
Address: Elkton Md Date signed: 12/12/40

RECEIVED
JAN 4 1941
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77-C

12569

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day.

Hospital, institution, or street address where death occurred: Cecil County Jail

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Port Deposit

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Jacob C. Ewing

3. (b) Social Security Number 164-10-6419

4. Sex: Male

5. Color or race: white

b.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: M. Etta Ewing

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): 1882

8. AGE: Years 58 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: no information Md.

(Town, county, and state)

10. Usual occupation: asst. machinist

11. Industry or business: Conowingo Power Co.

FATHER

12. Name: Rev. E. Oliver Ewing

13. Birthplace: Harford Co, Md.

MOTHER

14. Maiden name: Emma Mickael

15. Birthplace: Md.

16. Informant: Mrs David Kirk.

Address: Oxford, Pa. R.D. 3.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 9, 1940 (month) (day) (year)

Cemetery or crematory: Wesley Chapel

Location: Havre De Grace R.F.D. Md.

18. Funeral director: Vera. Patterson

Address: Perryville, Md.

19. Dec 8 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 6 1940 at 6-25 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ... 19 ... to ... 19 ...

and that I last saw him alive on Dec 6 1940

Immediate cause of death: Ascites Alcoholism

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Wm B. Oliver MD coroner M. D. or other

Address: Rising Sun MD Date signed 12/6 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-2)

CERTIFICATE OF DEATH

12570

Reg. Dist. No. 91

1. PLACE OF DEATH: Cecil

County

City or town: Chesapeake City R D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Delaware County: New castle

City or town: Glasgow Del

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME William Foster

3.(b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widowed

6.(b) Name of husband or wife: Gertrude Foster

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Mch 14 1868

8. AGE: Years 72 | Months 9 | Days 11 | If less than one day ..... hrs. ..... min.

9. Birthplace: Canada (Jordan)

(Town, county, and state)

10. Usual occupation: Horse Trainer

11. Industry or business

FATHER — 12. Name: no information

13. Birthplace: "

MOTHER — 14. Maiden name: no information

15. Birthplace: "

18. Informant: Mrs. Harold Stubbs

Address: Chesapeake City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 30 1940 (month) (day) (year)

Cemetery or crematory: Glasgow Presbyterian

Location: Glasgow Delaware

18. Funeral director: H. W. Lippincott

Address: Elkton Md

19. Dec. 30 1940 (Date rec'd by registrar) Mrs. R. H. Pell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 25 1940, at 10 30a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 1940, to Dec. 25 1940

and that I last saw h. alive on Dec 20a 1940

Immediate cause of death	DURATION
Carcinoma of	
Due to: U.S.J. Jaun.	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address ..... Date signed 12/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

12571

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil

City or town: Rising Sun, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Rising Sun
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Joseph Robinson Graybeal

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name ~~of husband~~ or wife: Mary Elizabeth Graybeal

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): January 10, 1911

8. AGE: Years 29 | Months 10 | Days 29 | If less than one day ... hrs. ... min.

9. Birthplace: Ash Co. North Carolina
(Town, county, and state)

10. Usual occupation: Trucker

11. Industry or business: Coal business & trucking

FATHER
12. Name: Jay Winton Graybeal
13. Birthplace: Ash Co. N. Carolina

MOTHER
14. Maiden name: Mildred Cox
15. Birthplace: Ash Co. N. Carolina

16. Informant: Mary E. Graybeal

Address: Rising Sun, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 12, 1940 (month) (day) (year)

Cemetery or crematory: West Nottingham

Location: Colora, Md.

18. Funeral director: Ralph M Reed

Address: Rising Sun, Md.

19. Dec 11 1940 (Date rec'd by registrar) Lon Worthington Registrar

Permit issued 12-11-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 9 1940, at 6-30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...

and that I last saw him ~~alive~~ on Dead 1940

Immediate cause of death: Disembowled

Due to: automobile accident

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: Dec 9 1940

Where did injury occur? Rising Sun (City or town) Cecil (County) Maryland (State)

Injured at home, farm, industry, public place (where?) Route # 1

Means of injury: automobile Injured at work? Repairing car

23. SIGNATURE: John B. Sleer MD Coroner
M. D. or other

Address: Rising Sun Md. Date signed: 12/10 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

12572

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil

City or town Conowingo - near

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cecil

City or town near Conowingo

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Donald Edwin Hill

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 15 1935

8. AGE:

Years	Months	Days	If less than one day
5	2	8	..... hrs. ..... min.

9. Birthplace Elkton (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Christie W. Hill

13. Birthplace Md.

MOTHER

14. Maiden name Alice May Ragan

15. Birthplace Md.

16. Informant Christie W. Hill

Address Conowingo Md. R. H. D

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 26 1940 (month) (day) (year)

Cemetery or crematory West Nottingham

Location Colora Md.

18. Funeral director J. E. Tyson

Address Rising Sun Md

19. 12/27 1940 (Date rec'd by registrar) L. M. Worthington Registrar

Permit issued 12-25-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1940, at 1030 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 13 1940, to Dec 23 1940 and that I last saw him alive on Dec 23 1940

Immediate cause of death Whooping Cough — DURATION 4 wks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. P. Snodgrass M. D. or other

Address Darlington Md Date signed 12/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

US A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (159)

12573

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days): 14 hours
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Rising Sun - R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Holmes -

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec 9, 1940

8. AGE: Years | Months | Days | If less than one day: 12 hrs. ____ min.

9. Birthplace: Union Hosp - Elkton Md (Town, county, and state)
10. Usual occupation: Premature Birth Baby
11. Industry or business
FATHER
12. Name: James Howard Holmes
13. Birthplace: Elkton Md
MOTHER
14. Maiden name: Dorentellin Winnie
15. Birthplace: Coffer Hill Virginia
16. Informant: James Howard Holmes
Address: Rising Sun (Rising Sun) Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 10 1940 (month) (day) (year)
Cemetery ~~or crematory~~: Friends.
Location: Calvert.
18. Funeral director: Joseph R. Grant
Address: North East Md
19. Dec 10 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 9, 1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9, 1940, to Dec 9, 1940, and that I last saw him alive on Dec 9, 1940.

Immediate cause of death: Premature Birth

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: H. Wilton Cantwell M.D. M. D. or other
Address: Dec 9, 1940 Date signed: Dec 9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

12574

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Cecil

City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hudson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 18-1940

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 0 hrs. 0 min.

9. Birthplace Union Hospital Elkton Cecil Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER 12. Name Charles Dudley Hudson Jr

FATHER 13. Birthplace Chesapeake City Md

MOTHER 14. Maiden name Mabel Mildred Lupfer

MOTHER 15. Birthplace Chesapeake City Md

16. Informant Charles Hudson Jr

Address Elkton Md

17. burial Date thereof Dec 18, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory home premises

Location Elkton

18. Funeral director none - by father

Address

19. Dec 18 1940 F R Frazer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1940, at 6 P. M. 35

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19,

and that I last saw h Dead ~~alive~~ on Dec 18 1940

	DURATION
Immediate cause of death Congenital debility.	
Due to Premature delivery 7 mos. gestation	
Due to	
Other conditions Stillbirth	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Herbert Bates M. D.

Address Elkton Md M. D. or other

Date signed 12/18/40

RECEIVED
JAN 4 1941
BUREAU V. S.

12575

(131-a)

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 94

1 PLACE OF DEATH

County Ace

Village or City North East (No. ____ St.: ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Mary Tharp Hunter

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE,~~ MARRIED, ~~WIDOWED,~~ ~~OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Feb (Month) 28 (Day), 1874 (Year)

7 AGE: 66 yrs. 9 mos. 0 ds. If LESS than 1 day ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed or (employer) ____

9 BIRTHPLACE (State or country): Harrington, Delaware

PARENTS

10 NAME OF FATHER: Benjah Tharp

11 BIRTHPLACE OF FATHER (State or country): Delaware

12 MAIDEN NAME OF MOTHER: Margaret Anderson

13 BIRTHPLACE OF MOTHER (State or Country): Delaware

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. Esther Jellison

(Address) 1346 Lovering Ave Wilmington Del

15 Filed Dec 1st 1940 Lida V. Evans Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 1 (Day), 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Sept 1940 to Dec 1, 1940, that I last saw her alive on Dec 1, 1940, and that death occurred on the date stated above, at 3.30 P.m.

The CAUSE OF DEATH * was as follows:

Cardio Vascular Renal Disease

(Duration) 3 yrs. ___ mos. ___ ds.

Contributory Secondary: Uremia

(Duration) ___ yrs. ___ mos. 3 ds.

(Signed) H. A. Cumbrella M. D.

Dec 1, 1940 (Address) North East, Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL OR REMOVAL: Hollywood Cem

DATE OF BURIAL: Dec 3, 1940

20 UNDERTAKER: Wm A. Berry

ADDRESS: Milford Del

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

RECEIVED
JAN 3 1941
BUREAU V. S.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Form laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by corbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

12576

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil

City or town Perryville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 88 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Cecil

City or town Perryville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sarah E. Kane

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Thomas. Kane

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Nov. 9, 1852

8. AGE: Years 88 | Months 1 | Days 9 | If less than one day ... hrs. ... min.

9. Birthplace: Port Deposit, Cecil co. Md
(Town, county, and state)

10. Usual occupation: House work

11. Industry or business: Own Home

FATHER
12. Name: James. McClintock
13. Birthplace: Burkes Co. Pa.

MOTHER
14. Maiden name: Mary Jane Fisher
15. Birthplace: Cecil co. Md.

16. Informant: Thomas. Kane
Address: Perryville, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec. 21, 40
(month) (day) (year)

Cemetery or crematory: Principio cem

Location: Principio Furnace

18. Funeral director: Lee A. Patterson
Address: Perryville, Md.

19. Dec. 21, 1940 Irene E. Daugherty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 18 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1936 to Dec 18 1940 and that I last saw her alive on Dec 18 1940

Immediate cause of death: Arteriosclerosis

Due to: Cerebral Hemorrhage

Due to: Chronic Myocarditis

Other conditions: Cardiac Failure

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Charles J. Foley MD
M.D. or other

Address: Town of Dean Md Date signed 12/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12577

Reg. Diat. No. 96

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs. 7 mos. 28 days

Hospital, Institution, or street address where death occurred:
Veterans' Administration

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Penna. County:

City or town: Pittsburgh
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2662 Norwood Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war: Spanish American ✓

3. (a) FULL NAME

KISSMAN, Adolph

3. (b) Social Security Number

Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6.(b) Name of husband or wife: --

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 5, 1862

8. AGE: Years	Months	Days	If less than one day
78	1	1	hrs. min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Blacksmith

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital records
Address: Perry Point - Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 9, 1940. (month) (day) (year)

Cemetery or crematory: Arlington National Cemetery

Location: Ft. Myer, Virginia

18. Funeral director: Pennington & Son
PENNINGTON & SON
Address: Havre de Grace, Md.

19. Dec. 7, 1940 (Date rec'd by registrar) Irma E. Daughtry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 6, 1940 at 10:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8, 1937, to Dec. 6, 1940 and that I last saw him alive on December 6 1940

Immediate cause of death	DURATION
Pneumonia, bronchial	2 days
Due to:	
Due to:	
Other conditions	
Arteriosclerotic heart disease (Include pregnancy within 3 months of death)	Unknown

Major findings of operations: --

Date of op. --

Autopsy results: Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury -- Injured at work?

23. SIGNATURE: C. F. DAVIS, M.D., Clinical Director
Veterans' Administration
Address: Perry Point, Maryland Date signed: 12-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

12578

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil

City or town Outside Port Deposit
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Cecil

City or town Route #222 near Port Deposit
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Dorothy E. Larue

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Femal	Colored	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10 1919

8. AGE:

Years	Months	Days	If less than one day
21	10	4	hrs. min.

9. Birthplace Port Deposit Cecil Co. Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Morris Larue
13. Birthplace Port Deposit

MOTHER
14. Maiden name Laura McMullen
15. Birthplace Port Deposit

16. Informant Clara McMullen
Address Port Deposit

17. Burial Date thereof Dec 28 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery ~~or crematory~~ Cokesbury

Location near Port Deposit

18. Funeral director J. E. Tyson
Address Rising Sun Md.

19. 12/28 1940 L. M. Worthington
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25th 1940 at 10.30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw her ~~alive~~ dead on Dec - 27 1940

Immediate cause of death Pulmonary Tuberculosis

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John B. Shier Coroner
M. D. or other

Address Rising Sun Date signed 12/27 1940

Permit issued 12-27-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12579

Reg. Dist. No. 94

1. PLACE OF DEATH:
County Cecil - North East, Md
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Walnut Street
Stay in hospital or inst. (yrs., or mos., or days) 1
Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town North East - Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Walnut Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Thompson Lilley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Caroline Schmidt Lilley deceased July 1940 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 15 - 1854

8. AGE:

Years	Months	Days	If less than one day
86	7	19	____ hrs. ____ min.

9. Birthplace Cecil County - Md. near North East
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Daniel Lilley
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mrs Eleanore Biles - daughter
Address North East - Md

17. Burial Date thereof Dec 7 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory North East Methodist
Location North East, Md

18. Funeral director Joseph R. Sloan
Address North East Md

19. Dec 7th 1940 Lida L. Evans
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4th 1940, at 1.35 A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 16 - 1936, to Dec 3rd. 1940, and that I last saw him alive on Dec 3 - 1940

Immediate cause of death	DURATION
Coma	1½ days
Due to General arteriosclerosis	4½ yrs
Due to Age	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE V. H. McKnight M. D. or other
Address Elkton - Md Date signed Dec 5/1940

RECEIVED
DEC 17 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

12580

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 72 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.: water St
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Samuel R Lotman

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	maried

6.(b) Name of husband or wife: Mary Lotman
6.(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): Nov 10 1868

8. AGE:

Years	Months	Days	If less than one day
72	1	15	hrs. min.

9. Birthplace: Elkton Md R D 1
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: George Lotman
13. Birthplace: Elkton Md RD 1
MOTHER 14. Maiden name: no information
15. Birthplace: no information
16. Informant: George W Boulden
Address: Elkton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 28 1940 (month) (day) (year)
Cemetery or crematory: Wesley Chapel
Location: Elkton Md RD 1
18. Funeral director: H W Pippin
Address: Elkton md
19. Dec 28 1940 (Date rec'd by registrar) H R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 25 1940, at 8:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to Dec 24 1940
and that I last saw h... alive on Dec 24 1940
Immediate cause of death: Cerebral apoplexy — DURATION
Due to: Cardio vascular renal disease
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J Herbert Bailey M.D. M. D. or other
Address: Elkton md Date signed 12/26/40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

12581

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil

City or town: (Royal Near) Rising Sun

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Rising Sun Ward No.: Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Reed Mahoney

3. (b) Social Security Number: 218-07-0976

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~: Viola Mahoney

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 4, 1881

8. AGE: Years 59 | Months 8 | Days 0 | If less than one day ____ hrs. ____ min.

9. Birthplace: near Elkton, Cecil Co. Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: State Road

FATHER

12. Name: William J Mahoney

13. Birthplace: Md.

MOTHER

14. Maiden name: Ella J. Heath

15. Birthplace: Md.

16. Informant: Viola Mahoney

Address: Rising Sun, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12-7-1940 (month) (day) (year)

Cemetery or crematory: Rosebank Cemetary

Location: Calvert, Md.

18. Funeral director: Ralph M Reed

Address: Rising Sun, Md.

19. 12/6/40 (Date rec'd by registrar) 19 L M Washington Registrar

Permit issued 12-6-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 4 1940, at 3:00 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 4 1940, to Dec 4 1940, and that I last saw him alive on Dec 3 1940.

Immediate cause of death: Acute Coronary Thrombosis.

Due to

Due to: Arteriosclerosis & Hypertension

Other conditions

(Include pregnency within 3 months of death)

Major findings:

Of operations

Of autopsy: no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R L Dodson M.D. M. D. or other

Address: Rising Sun Md Date signed: 12/5-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12582

Reg. Diat. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 mos.28 days

Hospital, institution, or street address where death occurred:
Veterans' Administration

How long in hospital or institution? Admitted to Gallinger Municipal Hosp., Wash., D.C. 12-28-39.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: South Carolina County:

City or town: Unknown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: World War ✓

3. (a) FULL NAME: McGEE, Gary (alias Pagee Cary)

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Negro	Separated (patient's statement on admission to hospital - no history obtained

6.(b) Name of husband or wife: --

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 22, 1896

8. AGE: Years	Months	Days	If less than one day
44	0	7	hrs. min.

9. Birthplace: South Carolina
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital records
Address:

17. Removal
(Burial, cremation, or removal. Which?)
Date thereof: Dec. 31, 1940.
(month) (day) (year)

Cemetery or crematory: Baltimore National Cemetery

Location: Baltimore, Md.

18. Funeral director: Pennington & Son
PENNINGTON & SON
Address: Havre de Grace, Md.

19. 12-30- 1940 Irma E. Daugherty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 29 1940, at 10:05 A.M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to December 29 1940 and that I last saw him alive on December 29 1940

Immediate cause of death	DURATION
General Paralysis of the Insane	Unknown
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operation: --

Date of op.: --

Autopsy results: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director
M.D. Mother

Address: Veterans' Administration Perry Point, Maryland. Date signed: 12-30-40

RECEIVED
JAN 3 1941
BUREAU V. S.

12583

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-51)

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 yrs
Hospital, institution, or street address where death occurred: Union Hosp.
How long in hospital or institution? 1 wk

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No. 113 E High St
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Eva Schaffer McNee

3.(b) Social Security Number

4. Sex: Female
5. Color or race: white
6.(a) Single, married, widowed, or divorced: widowed
6.(b) Name of husband or wife: William McNee
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Mch 23 1879

8. AGE: Years 61 | Months 8 | Days 22 | If less than one day ..... hrs. ..... min.

9. Birthplace: Elkton Cecil Maryland
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Zachary Schaffer
13. Birthplace: Elkton Md

MOTHER
14. Maiden name: Elizabeth Marcus
15. Birthplace: Elkton Md

16. Informant: Mrs Ellsworth Short
Address: 113 E High St Elkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 18 1940 (month) (day) (year)
Cemetery or crematory: Cathedral
Location: Wilmington Delaware

18. Funeral director: H. W. Pippin
Address: Elkton Md

19. Dec 17 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 15th 1940 at 1.52 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1937 to Dec 15th 1940 and that I last saw her alive on Dec. 14 1940

Immediate cause of death: Pernicious Anaemia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Elkton Date signed 12/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

12584

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 yr
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No.: W main
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Enos Morris

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed

6.(b) Name of husband or wife: Sara M Morris
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): ? 1857

8. AGE: Years: 83 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: Delaware
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Charles Morris
13. Birthplace: no information

MOTHER
14. Maiden name: no information
15. Birthplace: no information

16. Informant: Mrs Mollie Featey
Address: Elkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 28 1940 (month) (day) (year)
Cemetery or crematory: Bethel Cemetery
Location: Near Chesapeake City Md

18. Funeral director: H W Lippincott
Address: Elkton Md

19. Dec 28 1940 (Date rec'd by registrar) J R Frazer (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 24 19 40, at 8P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17 19 40, to Dec 24 19 40
and that I last saw him alive on Dec 24 19 40

Immediate cause of death	DURATION
Chronic myocarditis	
Due to: Chronic interstitial	
Nephritis	
Due to:	
Other conditions: Senility	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J Herbert Bales - M.D.
M. D. or other
Address: Elkton Md Date signed: 12/25/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

12385

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil

City or town: (Royal near) North East

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Royal near North East Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. near Bay View

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Patrick Murphy

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife: ✓

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years	Months	Days	If less than one day
about 65	✓	✓	hrs. min.

9. Birthplace: Boston, Mass. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: any-thing

FATHER — 12. Name: Unknown

FATHER — 13. Birthplace

MOTHER — 14. Maiden name: Unknown

MOTHER — 15. Birthplace

16. Informant: Eugene Rocine

Address: North East Md.

17. (Burial, cremation, or removal. Which?) Burial — Date thereof 12-17-1940 (month) (day) (year)

Cemetery or crematory: Cherry Hill - Potters Field

Location: Cherry Hill

18. Funeral director: Ralph M. Reed

Address: Rising Sun Md

19. Dec 16 19 40 (Date rec'd by registrar) L M Worthington Registrar

Permit issued 12-16-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 16 19 40, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ?, 19, to 19

and that I last saw him alive on dead Dec 16, 19 40

Immediate cause of death: Cerebral Hemorrhage — DURATION

Due to:

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John B. Sleem MD (M. D. or other)

Address: Rising Sun Md Date signed 12/16 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1703)

12586

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Stockton Elkton
Stay in hospital or insf. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 64 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Near Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Clarence Perkins

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Daisy May Perkins
6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): June 25 1876

8. AGE:

Years	Months	Days	If less than one day
64	5	9	hrs. min.

9. Birthplace: Elkton Cecil md
(Town, county, and state)
10. Usual occupation: Street Foreman
11. Industry or business: Elkton Town Council
FATHER 12. Name: John Perkins
13. Birthplace: Wilmington Delaware
MOTHER 14. Maiden name: Georgiana V. Roberts
15. Birthplace: Virginia
16. Informant: Daisy M Perkins
Address: Elkton. md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 7 1940 (month) (day) (year)
Cemetery or crematory: Elkton
Location: Elkton. Md
18. Funeral director: H. W Pippin
Address: Elkton Md
19. Dec 7 1940 (Date rec'd by registrar) F H Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 4 - 1940, at 1 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw him alive on dead Dec 5 - 1940

Immediate cause of death	DURATION
Acute Dilatation of Heart	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Df operations
Df autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Accident Date of 12/4 - 1940
Where did injury occur? Road 213 Cecil Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Road 213
Means of injury: Automobile accident Injured at work?

23. SIGNATURE: John D. Blair M D coroner
M. D. or other
Address: Elkton Md Date signed 12/5 1940

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

12587

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil (Perryville) R.D.

City or town 3 Miles East Susquehannah Bridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil

City or town New Route 40 near Perryville Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Isaac Pittinger

3. (b) Social Security Number 216-07-5384

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Pearl Pittinger

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8, 1889

8. AGE: Years 51 Months 11 Days 15 If less than one day hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Foreman on road

11. Industry or business

FATHER 12. Name George Pittinger

13. Birthplace Md

MOTHER 14. Maiden name Laura Ogle

15. Birthplace Md

16. Informant George Crouse

Address Taneytown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 26, 1940 (month) (day) (year)

Cemetery or crematory Lutheran Cemetry

Location Taneytown, Md.

18. Funeral director C. D. Fuss & Son

Address Taneytown Md

19. Dec 23, 1940 Irene E. Daugherty (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1940 at 545 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 to 19

and that I last saw him ~~alive~~ on dead 12/22 1940

Immediate cause of death Broken neck fractured skull

Due to automobile accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 12/22 1940

Where did injury occur? New Route 40 (City or town) Cecil (County) Md (State)

Injured at home, farm, industry, public place (where?) Route 40 New

Means of injury Automobile Injured at work?

23. SIGNATURE John B. Shaw Md Coroner M. D. or other

Address Rising Sun Md Date signed 12/22 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

CERTIFICATE OF DEATH

12588

Reg. Diat. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No.: E High
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3.(a) FULL NAME: Harvey Jonathon Reynolds

3.(b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Elydia M. Reynolds
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 27 1862

8. AGE: Years	Months	Days	If less than one day
77	11	6	hrs. min.

9. Birthplace: Oakwood Cecil Md
(Town, county, and state)
10. Usual occupation: Merchant (Grocery)
11. Industry or business
12. Name of FATHER: Jacob Reynolds
13. Birthplace of FATHER: Cecil County Md
14. Maiden name of MOTHER: Eliza McCardle
15. Birthplace of MOTHER: Cecil County Md
16. Informant: Tyden M. Reynolds
Address: Elkton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 6 1940 (month) (day) (year)
Cemetery or crematory: West Nottingham
Location: Rising Sun Md RD
18. Funeral director: H. W. Pippin
Address: Elkton. Md
19. Dec 5 1940 (Date rec'd by registrar) H R Fraser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 3 1940, at 1 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 1939, to Dec 3 1940 and that I last saw him alive on Dec 3 1940

Immediate cause of death	DURATION
Chronic endocarditis	?
Due to: Hypertension	?
Due to:	
Other conditions: Arteriosclerosis	?

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: A. T. Morrison, M.D.
M. D. or other
Address: Elkton, Md Date signed 12-5-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77-d)

12589

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County: Cecil

City or town: Perryville, Maryland (Perry Point)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 days

Hospital, Institution, or street address where death occurred:
Veterans' Administration

How long in hospital or institution? Unknown - admitted to Perry Point from Mt. Alto, Washington, D.C.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. (Maryland) County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 665 F. Street, N.E.,
(If rural, give LOCATION)

2.(a) If veteran, name war: World ✓

3.(a) FULL NAME

SCHLOSSER, Howard

3.(b) Social Security Number

577 28 6008

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6.(b) Name of husband or wife: Mrs. Margaret Schlosser

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): February 20, 1898

8. AGE: Years	Months	Days	If less than one day
42	10	1	..... hrs. ..... min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital records

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec. 21, 1940 (month) (day) (year)

Cemetery or crematory: Arlington National Cemetery

Location: Ft. Meyer, Virginia

16. Funeral director: TIMOTHY HANLON

Address: 641 H. Street, N.E., Wash., D.C.

19. Dec. 21, 1940 (Date rec'd by registrar) Irene E. Daughterty, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 21, 1940, at 3:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 13, 1940, to December 21, 1940 and that I last saw him alive on December 21, 1940

Immediate cause of death	DURATION
Delirium tremens	Unknown
Due to:	
Due to:	
Other conditions:	
Alcoholism, chronic (Include pregnancy within 3 months of death)	Unknown

Major findings of operations: --

Date of op.: --

Autopsy results: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis M.D. or other

C. F. DAVIS, M.D., Clinical Director

Address: Veterans' Administration, Perry Point, Md. Date signed: 12-21-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

12590

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil.

City or town: Rural - Rising Sun.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 months.

Hospital, Institution, or street address where death occurred: R.D. #2 - Rising Sun

How long in hospital or institution? 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Cecil.

City or town: Rural - Rising Sun.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: R.D. #2 - Rising Sun
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Julia Schaller Selby.

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed.

6.(b) Name of husband or ~~wife~~: William Selby.

6.(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): April 13, 1857

8. AGE:

Years	Months	Days	If less than one day
83	7	22	..... hrs. ..... min.

9. Birthplace: Philadelphia, Pa.
(Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business: own home.

FATHER
12. Name: ?
13. Birthplace: .

MOTHER
14. Maiden name: ?
15. Birthplace: .

16. Informant: Mrs + Mr. Cissel (Daughter + Son in law)

Address: RD #2 - Rising Sun.

17. Burial. Date thereof: Dec 7th or 8th 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Elkton

Location: Elkton, Md.

18. Funeral director: Mr. H.W. Pippin + Sons.

Address: Elkton, Md.

19. 12/6/40 19 L.M. Worthington Registrar
(Date rec'd by registrar)

Permit issued 12-6-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 5 1940, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from only saw her after death. 19

and that I last saw h — alive on 19

Immediate cause of death: Pt has had heart trouble - probable failure.

Due to: age.

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: —

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: S. Arthur Kotz, M.D. M. D. or other

Address: Rising Sun, Md. Date signed: 12/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

CERTIFICATE OF DEATH

12591

Reg. Dist. No. 9

1. PLACE OF DEATH

County: Cecil

City or town: Outside Port Deposit

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: outside Port Deposit R. F. D.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Martin Thompson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widower

6.(b) Name of husband or wife: Mary Rebecca Thompson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec 6 1853

8. AGE: Years	Months	Days	If less than one day
87		2	..... hrs. ..... min.

9. Birthplace: Woodlawn Cecil Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER — 12. Name: Anthony Thompson

13. Birthplace: Rising Sun Md.

MOTHER — 14. Maiden name: Rebecca Bradley

15. Birthplace: Rising Sun Md.

16. Informant: Mrs Carroll Tyson.

Address: Port Deposit Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 12 1940 (month) (day) (year)

Cemetery ~~or crematory~~: Hopewell

Location: Outside Port Deposit Md.

18. Funeral director: J. E. Tyson.

Address: Rising Sun Md.

19. Dec 11 1940 (Date rec'd by registrar) Lem Worthington Registrar

Permit issued 12-11-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 9 1940, at 8 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Dec 9 1940 and that I last saw h.. alive on Dec 8 1940

	DURATION
Immediate cause of death: Chronic Myocarditis	4 yrs
Due to:	
Due to: Old Pneumonia	1938
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wm F. Jack M. D. or other

Address: Port Deposit Md. Date signed 12/11/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (97)

12592

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days) 20 days.
Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Cecil
City or town Perryville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph A Vigneault.

3. (b) Social Security Number

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced widowed
6 (b) Name of husband or wife Laura Jackson Vigneault
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 29, 1865
8. AGE: Years 75 Months 4 Days 28 If less than one day hrs. min.
9. Birthplace Canada (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business day.
FATHER 12. Name
13. Birthplace
MOTHER 14. Maiden name unknown.
15. Birthplace
16. Informant Union Hospital Records
Address Elkton, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 30, 1940 (month) (day) (year)
Cemetery or crematory Principio
Location Principio Furnace, Md.
18. Funeral director Lee A. Patterson
Address Perryville, Md.
19. Dec 29 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27, 1940, at 1 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 7, 1940, to Dec 27, 1940, and that I last saw him alive on Dec 27, 1940.
Immediate cause of death Gangrene of Leg
Due to Arteriosclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
1 week

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H A Cornwell M.D.
M. D. or other
Address North Fork Md Date signed Dec 27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

12593

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH:
County CECIL
City or town ELKTON
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County CECIL
City or town ELKTON
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war NOT A VETERAN

3.(a) FULL NAME JOHN WHEELER

3.(b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	COLORED	WIDOWER

8.(b) Name of husband or wife EMMA WHEELER
8.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) APRIL 10 1861

8. AGE: Years	Months	Days	If less than one day
79 ~~70~~	8	3	..... hrs. ..... min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name No information
13. Birthplace
MOTHER 14. Maiden name
15. Birthplace
16. Informant Cecil Co Welfare records
Address Elkton, Md.
17. BURIAL (Burial, cremation, or removal. Which?) Date thereof DEC 17 1940 (month) (day) (year)
Cemetery or crematory ELKTON COLORED
Location ELKTON Md
18. Funeral director Joseph R Grauer
Address North East, Md
19. DEC 17 1940 (Date rec'd by registrar) H Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 13 1940, at 5:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw him alive DEAD on DEC 13 1940

Immediate cause of death	DURATION
PULMONARY HEMORRHAGE	
Due to 1	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John B. Shaw M.D. coroner
M. D. or other
Address Rising Sun Md Date signed 12/15 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12594

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A 15

1. PLACE OF DEATH:
County: Cecil
City or town: Perryville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 71 years.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cecil
City or town: Perryville,
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Evans R. White

3.(b) Social Security Number 717-07-5732

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Nellie Fadeley White
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 17, 1869

8. AGE: Years	Months	Days	If less than one day
71	4	14.	..... hrs. ..... min.

9. Birthplace: Perryville, Cecil Co. Md.
(Town, county, and state)
10. Usual occupation: Hostler
11. Industry or business: Penna. Rail Road
FATHER 12. Name: Edward White
13. Birthplace: Cecil co. Md.
MOTHER 14. Maiden name: Rebecca Kelley.
15. Birthplace: cecil co, md.
16. Informant: Robert White.
Address: Perryville, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 2, 1941 (month) (day) (year)
Cemetery or crematory: Asbury. cem.
Location: Perryville, Md. R.F.D.
18. Funeral director: Fred A. Patterson
Address: Perryville, Md.
19. Jan. 2, 1941 Irene E. Daugherty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 31, 1940, at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November, 1939, to December, 1940, and that I last saw h.. alive on December 31, 1940

Immediate cause of death	DURATION
Coronary thrombosis	1 day
Due to: Arterio Sclerosis	—
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank W. Ebert M.D.
M. D. or other
Address: Havre de Grace Md. Date signed: Jan. 1, 1941

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FEB 5 1941
BUREAU V.S.

M

S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

12595

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil E

City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wood

3. (b) Social Security Number

4. Sex —

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 27 - 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Elkton Cecil Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Thomas Smart Wood
13. Birthplace Elk Neck Maryland

MOTHER
14. Maiden name Jane Pratt Tuttle
15. Birthplace Elk Neck Maryland

16. Informant Jane Wood
Address North East, Md R D # 2

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location None

18. Funeral director

Address

19. Dec 31 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1940, at 10 45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 27 1940, to Dec 27 1940, and that I last saw h— alive on Dec 27 1940

Immediate cause of death
Miscarriage about 3 mon

Due to

Due to

Other conditions
(Include pregnancy within 8 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. A. Cornbrille MD
M. D. or other

Address North East, Md Date signed Dec 27 1940

RECEIVED
JAN 4 1941
BUREAU V. S.

12596

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH 83a

County Cecil Registration Dist. No. 90

Village or City Warwick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie Woolford If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe

4. COLOR OR RACE Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Woolford

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE 82. Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Short

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Hennie Smith Warwick Md

18. BURIAL, CREMATION, OR REMOVAL

Place Dale Country Middletown Date 1/2/, 1941

19. UNDERTAKER (Address) G. Foster Daniels Townsend Del.

20. FILED Dec. 31st, 1940 Irving Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 29 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Dec 11, 1940, to Dec 26, 1940

I last saw her alive on Dec 23, 1940; death is said to have occurred on the date stated above, at 2:10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/11

Other Contributory Causes of importance: Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward McVaughan M. D.

(Address) Middletown Del

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitiol nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN